

WATER WELL SEALING APPLICATION

All abandoned water wells shall be sealed in accordance with the *Illinois Water Well Construction Code*. The well sealing must be scheduled with this office at least 48 hours in advance of the sealing date.

1. Applicant Information:

Property owner _____ Phone _____
 Mailing address _____
 City/village _____ State _____ Zip _____
 Well location address _____
 City/village _____ State _____ Zip _____
 Township _____ Range _____ Section _____

2. Well Information:

Dug Drilled Total depth _____ Diameter _____
 Well log information available? Yes No

3. Well Sealing Details:

Obstructions to remove from well (pump, pipe etc.) _____

Will the upper two feet of casing be removed? Yes No
 Is the well in a pit? Yes No
 Will the pit be collapsed and filled? Yes No

4. Materials:

The well needs to be disinfected with a sufficient amount of chlorine to produce 100 parts per million of chlorine in the water in the well. It shall be sealed by placing the sealing materials from the bottom of the well to the surface by methods that will avoid segregation or dilution of material in accordance with the *Illinois Water Well Construction Code*, Section 920.120.

Applicant signature _____
 Printed name _____ Date _____

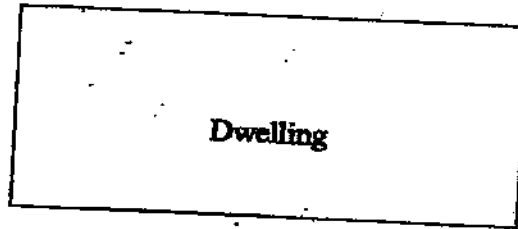
FOR FC PH/FCPHD OFFICE USE ONLY Approved by _____	Permit # _____ Date _____
--	------------------------------

The Ford County Public Health Department does not discriminate in admission to programs or treatment of employment in programs or activities in compliance with the Illinois Human Rights Act; the U.S. Civil Rights Act; Section 504 of the Rehabilitation Act; the Age Discrimination Act; the Age Discrimination in Employment Act; and the U.S. and Illinois Constitution. If you feel you have been discriminated against, you have a right to file a complaint with the Illinois Department of Aging; for information call 1-800-252-8966 (Voice & TDD), or contact Ford County Public Health Department at 1-217-379-9281

Property Plot Plan

Please indicate the location of the septic tank, sewer line, seepage field, or bed, if know. Show the location of the well, water lines, etc. if known. Show any unused or abandoned wells. (All unused or abandoned wells must be properly sealed).

N
W + E
S



I, _____
(Address)

Have provided this information and authorize these services, _____
(Signature)

Licensed water well driller who will perform well sealing:

Name _____

Complete License Number _____

Address _____

City _____ State _____ Zip _____

Date _____

Signature of Well Driller _____